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Bib Data Sheet

CONFIRMATION NO. 9560

SERIAL NUMBER 09/724,953	FILING OR 371(c) DATE 11/28/2000 RULE	CLASS 424	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 15270J-005911US
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/585,817 06/01/2000
 which is a CIP of 09/580,015 05/26/2000 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

20350

TITLE

METHODS OF TREATMENT OF ALZHEIMER'S DISEASE

FILING FEE RECEIVED 1560	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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